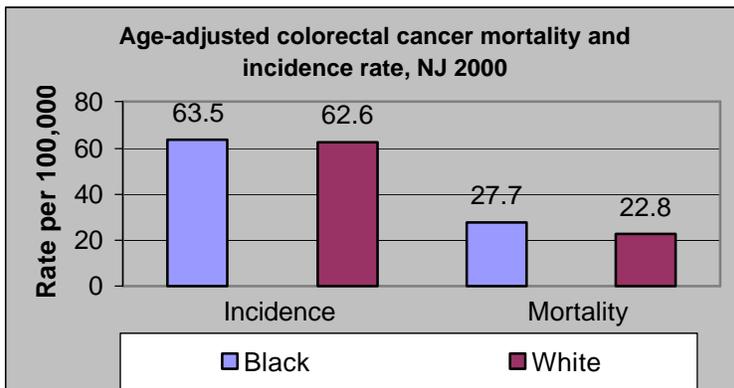




MONTHLY HEALTH DATA FACT SHEET March 2004

March is National Colorectal Cancer Awareness Month

- ❖ Colorectal cancer, or cancer of the colon and rectum, develops in the digestive tract. Most cases begin as small noncancerous growths called adenomatous polyps. Over time some of these polyps become cancerous.
- ❖ Colorectal cancer is the third most common cancer diagnosed in New Jersey and the third leading cause of cancer-related death, accounting for about 12% of all cancer deaths for both men and women.
- ❖ In 2001, there were more than 5,400 new incident cases and over 2,000 deaths in New Jersey from colorectal cancer.
- ❖ Colorectal cancer incidence rates for African-Americans are similar to the incidence rates for Whites in New Jersey, but African-Americans have higher mortality rates. One reason mortality rates from colorectal cancer are higher in African Americans is that they are not being screened for the disease as often as other populations; and therefore are more likely to be diagnosed at a later stage.



- ❖ In 2000, the age-adjusted death rate from colorectal cancer was 22.8 for Whites versus 27.7 per 100,000 for African-Americans.
- ❖ The risk of colorectal cancer increases with age, with more than 90% of cases diagnosed in those over the age 50.
- ❖ Risk factors for developing colorectal cancer include age, inflammatory bowel disease, a personal or family history of

colorectal cancer or colorectal polyps, and certain hereditary syndromes. Other risk factors include obesity, a diet high in fat, physical inactivity, alcohol consumption and use of cigarettes and other tobacco products.

- ❖ Screening is the best way to find polyps or growths in the colon or rectum, so they can be removed before becoming cancerous. Screening can also find colorectal cancer early, when treatment can be most effective.
- ❖ The American Cancer Society recommendation for early detection and prevention of colorectal cancer include periodic screening tests, such as fecal occult blood test (FOBT), colonoscopy and sigmoidoscopy starting at age 50 for both men and women.
- ❖ 55% of New Jersey adults aged 50 and over have either been screened with FOBT in the past year or had flexible sigmoidoscopy, according to the 2001 New Jersey Behavioral Risk Factor Survey.
- ❖ There are racial and ethnic differences in colorectal cancer screening; in 2001, about 50% of African Americans, 40% of Hispanic and 35% of Asian and other non-Hispanic adults aged 50 and over reported being screened, compared to nearly 60% of non-Hispanic White adults.

- ❖ Standard treatments for colorectal cancer include surgery and chemotherapy.

For more information on colorectal cancer in New Jersey: New Jersey Department of Health and Senior Services
[Cancer Epidemiology Services](#) – for data and risk factors
[Office of Cancer Control and Prevention](#) – for screening, resources and planning

For more general cancer information: www.cancer.org

Sources:

American Cancer Society: [Cancer Reference Information](#)

New Jersey Department of Health and Senior Services
[Center for Health Statistics](#)

New Jersey Behavioral Risk Factor Survey, 2001
Unpublished mortality data 1991-2001

[Cancer Epidemiology Services](#)

[New Jersey State Cancer Registry, Incidence data 1994 - 2001](#)

Office of Cancer Control and Prevention, [Colorectal Cancer](#)

Center for Disease Control and Prevention: [Colorectal Cancer-the importance of prevention and early detection](#)



James E. McGreevey, Governor
Clifton R. Lacy, MD, Commissioner

New Jersey Department of Health and Senior Services
Center for Health Statistics
P.O. Box 360
Trenton, NJ 08625-0360